

Consumer Council News

July 29, 2003

Volume 7, Issue 2

Congressional Mental Health Caucus

Housing First

Homeless Persons suffer usually from a number of problems. Now the issue of Serious Mental Illness is changing how we provide service to this group of homeless persons. Many homeless have not only serious mental illness but also substance abuse. In the past housing was very limited to those homeless persons until they were stabilized in other programs. Now it is recognized that homeless persons need housing first and then wrap around services for their mental and physical health.

On June 16th the National Alliance for the Mentally Ill (NAMI) sponsored a Congressional briefing on addressing Veterans' Mental Health Needs. This was hosted by Rep. Grace Napolitano and Rep. Tim Murphy. This was a new experience for educating congressional staff about the programs and needs of veterans. Ralph Ibson, Vice President for Government Affairs at the National Mental Health Association talked about the unique role of VA health care as a "safety net". The safety net mission is very important to veterans with mental illness and or substance use disorders because they do not have other options. Ralph Ibson pointed out that there is a huge gap between statutory expectations and real access to care



for veterans with mental health needs. He stated mental health does not compete well for funding or attention with high-tech medicine or surgery and veterans' mental health needs do not have a priority commensurate with the prevalence of mental illness among veterans or the needs of the veteran population. Joy Ilem, Assistant National legislative Director of the Disabled American Veterans (DAV) expressed the concern that the CARES process had a flawed planning model that profoundly underestimated veterans' future needs for mental health services. Many important issues were brought up in this briefing and it was an excellent way to brief congressional staff of the challenges the VA faces.

National Center for PTSD

The National Center for PTSD has published the 2002 Annual Report which is available at www.ncptsd.org. The center has a wealth of educational material on their website that helps relief workers, victims, families and others about PTSD. In 2001, the Center took leadership of a three-year project to develop best-practice guidelines for emergency mental health interventions, taking into account both criminal and natural disasters. The events of 9/11 gave the National Center an opportunity to help the country cope with the terrorist attack. The Center has an electronic information service "Science into Practice" and this can be shared with community partners.

In 2002, approximately 200,000 veterans were seen for PTSD treatment in the VA. As

demand for PTSD services grows, the Center continues to place major emphasis on research into developing, evaluating, and implementing new treatments. Two large pharmacological studies are in process to study novel experimental treatment agents. The Center has been a world leader in studies aimed at understanding the pathophysiology of PTSD in how traumatic stress acts on brain structures and functioning. Current studies are looking at the psychological consequences of peace-keeping missions for combat trained military personnel.

Newsletter sponsored by
VA Mental Health
Consumer Council
FAX comments to
Lucia Freedman at
202-273-9069 or
call 202-273-8370

Online Newsletter
www.mentalhealth.med.va.gov/cc

ACT Variations

The Assertive Community Treatment (ACT) is a community-based alternative to inpatient hospitalization for individuals with serious mental illness who do not respond well to less intensive services. The individuals served are often heavy utilizers of emergency psychiatric services and report significant dissatisfaction with the quality of their lives. ACT programs are successful because of specific structures and processes which include:

- ⇒ Small staff ratio (1 to 10)
- ⇒ Services targeted to a specified group of individuals with severe mental illness
- ⇒ Services are available on a 24-hour basis
- ⇒ Rather than brokering services, treatment, support, and rehabilitation services are provided directly by the ACT Team.

Act has been studied more extensively than any other community mental health treatment approach.

Since only a small number of persons can be serviced by the original model there is a movement to vary the program to meet specific consumer and customer needs. Here are some variations:

- ◆ Recovery-Centered CARF ACT– This level is more flexible. It can be adapted to program purpose, member characteristics and available funding while maintaining critical elements of ACT services. Staffing ratio of 1:8-15, Crisis (only) intervention is available 24 hours.
- ◆ Recovery-Centered Enhance CARF ACT– Program is enhanced to serve specialty populations such as homeless or older adults-there is a defined purpose and targeted outcomes
- ◆ Recovery-Centered PACT–Based on the Madison model-Staffing 1:10, 80% of staff are professionals, including psychiatrist and 3RNs, employment and peer specialists. Available a minimum of 12 hours per weekday and 8 hours per weekend

MIRECC Sparklers

The Mental Illness Research, Education and Clinical Centers (MIRECC) research efforts are beginning to have a substantial impact of VA at the national level. Some highlights are:

- * Vet-To-Vet, a peer education model developed by Moe Armstrong is being carefully evaluated using an assessment plan designed by Drs. Robert Rosenheck and Sandra Resnick. A proposal is being developed to link the VISN 1, VISN 21 and VISN 22 MIRECCs together to further disseminate consumer driven service delivery in VA and to develop a National consumer resource center.
- * VISN 3 has designed an evidence based suicide risk assessment, which is currently being programmed into the VA computer system as a reminder for clinicians.

- * The MIRECC in VISN 20 collaborated with the VA National Center for PTSD to produce a comprehensive guide to the diagnosis of PTSD. In CD-ROM format, this guide has been widely distributed across the VA and provides a diagnostic standard for Compensation and Pension examiners and other clinicians.
- * In VISN 22 the Neuropsychopharmacology, Clinical Neuroscience, Neuroimaging, and Treatment Units have worked collaboratively to develop a strategy for identifying agents that can improve neurocognition in schizophrenia.

You can learn more about what the MIRECC Centers are doing at www.mirecc.org. The practical application of research is especially important in the VA with 20% of the Veterans using mental health services.

Information and Resources

August 15-17, 2003
Depression Dipolar Support Alliance (DBSA) Annual Conference
Long Beach, CA
www.dbsalliance.org

Stay Informed about CARES***check the www.va.gov/cares website